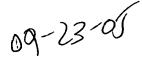


Date

September 22, 2005



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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/905436-Conf. #3431 Filing Date **TRANSMITTAL** July 13, 2001 First Named Inventor **FORM** John TELOH Art Unit 2142 (to be used for all correspondence after initial filing) **Examiner Name** H. C. Le Attorney Docket Number SMQ-082/P6396 Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information** Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please x Extension of Time Request Terminal Disclaimer Identify below): Return Receipt Postcard **Express Abandonment Request** Request for Refund CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name LAHIVE & COCKFIELD, LLP Signature Printed name David R. Burns

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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number (09/905436-Conf. #3431			
FEE TRANSMITTAL						July 13, 2001			
	For FY 20	005	1			John TELOH			
	1011120	,,,,	-	Examiner Name H.		H. C. Le			
Applican	t claims small entity state	us. See 37 CFR 1.27		Art Unit 2142		2142	42		
TOTAL AMOUNT OF PAYMENT (\$) 620.00				Attorney Docket No. SMQ-082/P6396			96		
METHOD OF	PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Ac	count Deposit Account P	Number: 12-0080 Dep	osit Acc	ount Name:	La	hive & Cockfie	ld, LLP		
For the	above-identified depo	sit account, the Dire	ector is	hereby authorize	ed to: (che	eck all that apply))		
1 —	harge fee(s) indicated					dicated below, e		ne filing fee	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU		. TO allU 1.17			- -			- <u>-</u>	
1. BASIC FILIN	G, SEARCH, AND E	KAMINATION FEES							
	•	LING FEES		ARCH FEES	EXAMI	NATION FEES			
Application T	vpe Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos I	Paid (\$)	
Utility	300	150	500	250	200	100	1 663 1	aid (4)	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	000	0			
2. EXCESS CL		100	U	U	U	U		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independe	ent claim over 3 (inclu	uding Reissues)					200	100	
Multiple depen	dent claims						360	180	
Total Claims	Extra Claims	Fee (\$)	Fee P	Paid (\$)	<u>N</u>	Multiple Dependent Claims			
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Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	_			-	
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3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 1401 Notice of appeal							120.00 500.00		
SUBMITTED BY				· · · · · · · · · · · · · · · · · · ·	·'				
Signature	1200-17	Burs		Registration No. (Attorney/Agent)	46,590	Telephone	(617) 22	7-7400	
Name (Print/Type) David R. Burns					Date September 22, 2005				
	<u> </u>						•	•	

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below.		17 - 1	R.Bund	
Dated: September 22, 2005	Signature:	1 1000-1	101-14~D	(David R. Burns)